

F010000002266

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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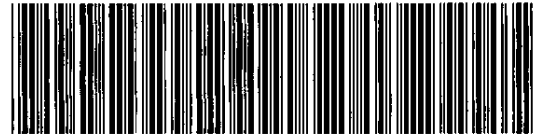
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2/18/10
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DRY CREEK VINEYARD, INC.
Name of Corporation

DOCUMENT NUMBER: F01000002266

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

WILHELMINA BICKMORE
Name of Contact Person

GRAPEVINE COMPLIANCE
Firm/Company

2248 RANCHO PLATA AVE SE
Address

RIO RANCHO, NM 87124
City/State and Zip Code

GRAPEVINECOMPLIANCE@Q.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WILHELMINA BICKMORE at (505) 977-1010
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of CA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: DRY CREEK VINEYARD, INC.
2. The principal office address: 3770 LAMBERT BRIDGE RD, HEALDSBURG, CA 95448
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 04/04/1972 Document number: F01000002266
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CSC

1201 HAYS ST, TALLAHASSEE, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

ALEX MEJIDO

18503 PINES BLVD., STE. 302

P.O. Box NOT acceptable

PEMBROKE PINES, FL 33029

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Don Wallace
Signature of an officer or director

DON WALLACE PRESIDENT
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Alex Mejido
Signature of Registered Agent

08/11/2010
Date

If signing on behalf of an entity:

ALEX MEJIDO
Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)

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AND
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SECRETARY OF STATE
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